

PLAT APPLICATION

Office Use Only	
Clerk: _____	Project#: _____
Fee: \$ _____	
Date Pd: _____	Check# or Cash: _____
Receipt#: _____	Received by: _____

Please submit all plat documents and ensure they are in compliance with the City of Alvarado Subdivision Ordinance.

Type of Plat

- Preliminary Plat
 Final Plat
 Plat Revision
 Administrative Plat

Title of Plat _____

Total Lots _____ Total Acres _____ Current Zoning _____

Subdivision Name _____ Lots _____ Block(s) _____

Survey Name(s) _____ Abstract No.(s) _____ Tract(s) _____

Address/Location _____

Applicant

Company or Name _____

Contact Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

Owner (If Different)

Company or Name _____

Contact Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

I further understand that this request will be placed on the appropriate Planning & Zoning Commission and City Council agendas and must meet requirements of the Subdivision Regulations. All plats must be accepted in writing. A plat is not considered filed until accepted by the City Council.

Signature of Applicant, Owner, or Authorized Agent

Date

Planning Official

Fee: \$ <input type="text"/>	
<input type="text"/>	<input type="text"/>
Date of P&Z Meeting	Date of Council Meeting
<input type="text"/>	
Signature of Planning Official	

****FOR OFFICE USE ONLY****

<input type="text"/>	<input type="text"/>	<input type="text"/>
Received By	Date Received	Date Approved